

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

INSTRUCTIONS ON REVERSE
SIDE

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

This form is not to be used for
reporting packer leakage tests in
Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator	Amoco Production Company				Lease	State CK		Well No.	2
Location of Well	Unit	Sec.	Tw-p/	Rge	County	Lea			
	K	19	21-S	37-E					
	Name of Reservoir or Pool		Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size			
Upper Compl	Paddock		Oil	Pump	Tubing				
Lower Compl	Blinberry-Drinkard(DHC)		Oil	Pump	Tubing				

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:00 AM; 5/30/92

Well opened at (hour, date): 7:00 AM; 5/31/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....	X	
Pressure at beginning of test.....	410	60
Stabilized? (Yes or No).....	Yes	Yes
Maximum pressure during test.....	410	80
Minimum pressure during test.....	100	60
Pressure at conclusion of test.....	100	60
Pressure change during test (Maximum minus Minimum).....	310	20
Was pressure change an increase or a decrease?.....	Decrease	Decrease
Well closed at (hour, date): <u>7:00AM; 6/1/92</u>	Total Time On Production	<u>24 hours</u>
Oil Production During Test: <u>17</u> bbls; Grav. _____	Gas Production During Test: <u>139</u>	MCF; GOR <u>8,176 MCF</u>

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 7:00 AM; 6/2/92

	Upper Completion	Lower Completion
Indicate by (X) the zone producing.....		X
Pressure at beginning of test.....	360	40
Stabilized? (Yes or No).....	No	Yes
Maximum pressure during test.....	360	200
Minimum pressure during test.....	170	40
Pressure at conclusion of test.....	170	60
Pressure change during test (Maximum minus Minimum).....	190	160
Was pressure change an increase or a decrease?.....	Decrease	Decrease
Well closed at (hour, date): <u>7:00 AM; 6/3/92</u>	Total time on Production	<u>24 hours</u>
Oil production During Test: <u>29.2</u> bbls; Grav. _____	Gas Production During Test: <u>99</u>	MCF; GOR <u>3,390 MCF</u>

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

Amoco Production Company

Operator

Kim A. Calvin

Signature

Kim A. Calvin Asst. Admin. Analyst

Printed Name

Title

6/15/92

713/596-7686

Date

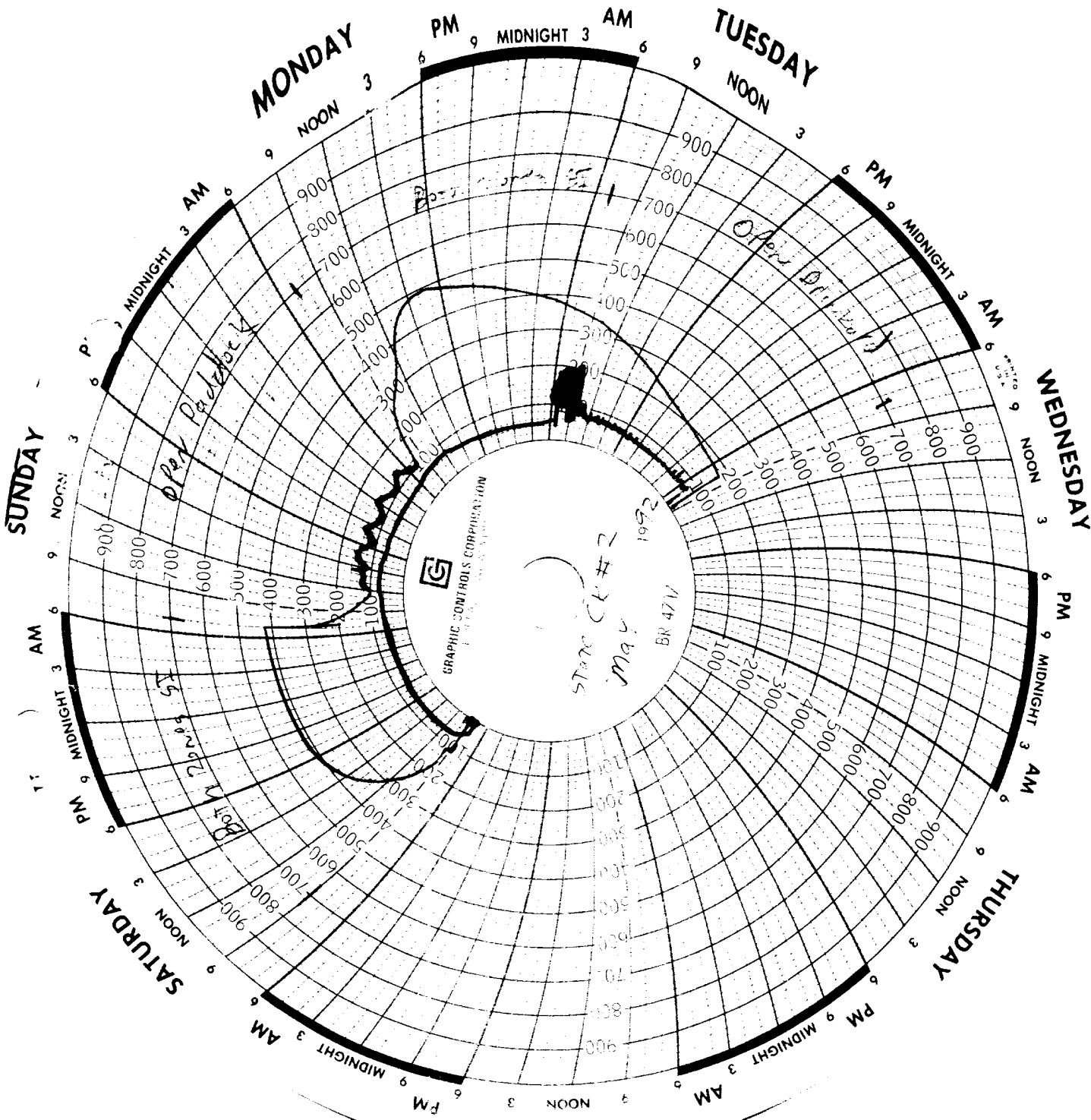
Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____

Title _____



MONDAY

TUESDAY

WEDNESDAY

THURSDAY

SATURDAY

SUNDAY

GRAPHIC CONTROLS CORPORATION

STAR CK # 2
May 1961
BR 471V

Open Padlock

Open Dr. (L. 12.13)

Open Dr. (L. 12.13)

Open Dr. (L. 12.13)

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